

Beachcroft Homes Limited

# Beechcroft House Residential Home

## Inspection report

St Johns Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Beechcroft House is a residential care home providing personal and nursing care to eight people aged 65 and over at the time of the inspection. The service can support up to 25 people in one adapted building.

### People's experience of using this service and what we found

The provider had not ensured there was an effective fire safety risk assessment in place. Policies were not consistently up to date. The governance arrangements in the home were not consistently effective in identifying areas for improvement or capturing when action had been taken.

We have made a recommendation about window restrictors.

People were supported safely; risks were assessed, and plans put in place to reduce them. Staff understood how to protect people from abuse. There were enough staff to support people safely. Medicines were managed safely, and staff were following guidance for infection prevention control. When things went wrong there was a system in place to learn from this.

People, relatives and staff spoke positively about the home and the management team. There were systems in place to seek people's views and the registered manager took opportunities to work in partnership with others and learn about new practices.

### Rating at last inspection

The last rating for this service was good (published 06 August 2019).

### Why we inspected

We received concerns in relation to risk management and building safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechcroft House Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Beechcroft House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Beechcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. within their own family homes in the community.

#### Notice of inspection

This inspection was announced. We gave notice on arrival for the inspection from the car park so we could check the procedures in place for infection prevention control before entry.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We were unable to speak directly with people who used the service. We spoke with three relatives about their loved one's experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care workers and care workers. We observed people receiving care to help us understand their experience.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at building repair records and the fire safety risk assessment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- A fire risk assessment had been completed, however, we found this had not been done by a competent person with the right skills and training. This meant we could not be assured risks had been effectively assessed and mitigated.
- A fire safety risk assessment identifies fire risks and hazards to enable them to be reduced or controlled and should be carried out by a competent person.
- The registered manager arranged for a new fire safety risk assessment to be completed and will share the outcome with CQC.
- People had risks to their safety assessed and plans were put in place to manage those risks. For example, where people were at risk of falls there were plans in place to reduce the risks.
- Where people's needs changed risk assessments were reviewed and updated where required.
- People had individual evacuation plans in place to guide staff on the support they would need in an emergency. Staff had been trained in fire safety and there were regular checks on fire safety equipment.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise abuse and could describe the actions taken to report any concerns.
- Relatives told us they felt people were safe living at the service. One relative said, "I feel [person's name] is safe at the home."
- Where incidents had occurred, these had been reported to the relevant body and investigations had been completed.
- Most staff had received training in safeguarding, some ancillary staff had not received this. We spoke to the registered manager about this and they confirmed this would be undertaken.

### Staffing and recruitment

- People were supported by enough staff. Relatives told us they felt there were enough staff to support people safely.
- We saw there were enough staff on duty to meet people's needs. When people rang the call bell for assistance these were answered promptly by staff.
- Staff confirmed there were enough staff available to meet people's needs and people did not have to wait for their support. The registered manager told us staffing levels were adjusted if people's needs increased.

### Using medicines safely

- People were supported to take their medicines safely. Relatives confirmed people had the help they needed with their medicines.
- Medicines were stored safely, and checks were carried out to ensure people had their medicines as prescribed. Staff had received training in safe medicines administration.
- When people had their medicines, we saw this was in line with how this was prescribed and accurate medicine administration records were completed by staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Where incidents occurred, there was a system in place to review the incident and update risk assessments and care plans where required.
- There was a process in place to look for any trends or learning to avoid reoccurrence.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies were reviewed annually however; the medicines and recruitment policies despite being reviewed contained incorrect or outdated information. We found this had no impact on people, staff knowledge or practice.
- Audits were not consistently in place to monitor if people's care needs had been met. For example, care plans were audited, however there was no check in place on the daily records staff completed. We found there was no impact on people as records were completed in full by all staff.
- Some of the audits and checks did not have space for recording when things had been identified for action. For example; room checks were done which included hot water and window restraint checks, however there was nowhere to record if there was a problem or the actions taken to address this. This meant we could not be assured checks were effective.
- We checked the window restrictors and could not be assured these met the current guidelines. The registered manager agreed they would check the current guidance and ensure the restrictors in place were meeting this.

We recommend the provider consider current guidance on the provision of window restrictors and take action to update the provision accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had their feedback sought through resident meetings. Two people had spoken about wanting more varied menus and whilst the registered manager told us this had been done it was not documented to confirm this.
- Staff told us they had regular opportunities for sharing their views and records confirmed they had supervision sessions to discuss their role.
- The registered manager told us feedback was sourced through informal contacts, service user and relative surveys, and an external website to gather views about the service which were used to drive improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff were positive about working at the home. One staff member told us, "I enjoy it here. It is nice, the management are good, and we all pull together, it's like we're a family. Everyone is there for each other we are a small team, only 18 of us and most have been here a long time".
- Relatives told us they were happy with the care people received. One relative told us, "I cannot think of any occasion when we have had any concerns or worries or complaints."
- The provider understood the duty of candour. Where incidents had occurred, these had been shared appropriately.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they had implemented learning following the last inspection. For example, there had been a medicines and care planning audit put in place. These audits were now effective in driving improvement.
- The registered manager told us they were involved in a regional network for registered managers to share learning.
- The registered manager told us they had developed close links with a nurse practitioner who visited the home and had oversight of people's needs.